

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	2		1			
4	2		1			
5	2					
6	2					
7	2					
8	2					
9	2					
10	8					
11	8		11			
12	8					
13	1		1			
14	1					
15	2		1			
16	2					
17	2					
18	2					
19	2					
20	2					
21	2					
22	8					
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			01			
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						